

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551905

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
5							
6							
7			1				
8				1			
9							
10				1			
11					1		
12						1	
13							1
14							
15							
16							
17			1				
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48							
49							
50							
TOTAL IND.		3					
TOTAL DEP.	14						
TOTAL CLAIMS	17						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
S1							
S2							
S3							
S4							
S5							
S6							
S7							
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S44							
S45							
S46							
S47							
S48							
S49							
S50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							